

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

2001
**LIMITED LIABILITY
COMPANY**

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001069**

1. Limited Liability Company's Name

OK VENTURES, LLC

2. Principal Office Address

6562 Belvedere Rd

Suite, Apt. #, etc.

City & State

WPR, FL

Zip

33413

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

STUART M. LEDIS

Street Address (P.O. Box Number is Not Acceptable)

6562 Belvedere Rd.

Suite, Apt. #, Etc.

900004652579-7

-10/25/01--01025--010

*******50.00 *****50.00**

City

WEST PALM

State

FL

Zip Code

33413

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Stuart M. Ledis

REGISTERED AGENT MUST SIGN

Date

10/15/01

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

PRES.	STUART M. LEDIS	6562 Belvedere Rd	WPR, FL 33413

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Stuart M. Ledis

Date

10/15/01

Daytime Phone #

5614780986

Typed or printed name of signing Managing Member/Manager

STUART M. LEDIS

CR2E041 (9/01)